

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	TIME OUT
DATE	PAGE 1 of

		CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF									FAILURE TO	O COMPI	_Y	
ESTABLISH			OWNER:								PERSON IN CHARGE:			
ADDRESS:			'			EST	ABLIS	HMENT I	NUMBEI	R: COUNTY:				
CITY/ZIP:	PHONE:			FAX:				P.H. PRIORITY :	Н	М	L			
ESTABLISHMEI BAKER		C. STORE CATE	RER DE	ELI	-	(GROCE	RY STOR	E	INSTITUTION	MOBILE	VENDOF	RS	_
RESTAL				MMER I	.P.		AVERN		_	TEMP.FOOD	WODILL	VENDOI		
PURPOSE Pre-ope	ning	Routine Follow-up	Complaint	Oth	er									
FROZEN DE	ESSERT	-	SEWAGE DISPO				UPPLY	<u> </u>						=
Approved	Disa	approved Not Applicable	PUBL	.IC	(COMN	TINUI	Y		OMMUNITY Sampled	PRIVAT			
Licens	se No		PRIV						Date S	sampleu	Results	·		
Dick footors	are food r	preparation practices and emplo	RISK FA						anna Can	strol and Provention as as	ntributing for	toro in		
		eaks. Public health intervention								illor and Frevention as co	illibutilig lac	iois III		
Compliance		Demonstration of		COS	R	Co	mpliance	!		Potentially Hazardous I		CC	OS F	₹
IN OUT		Person in charge present, der and performs duties	monstrates knowledge,			IN (1 TUC	N/O N/A	Proper of	cooking, time and tempera	ature			
		Employee H				IN (N/O N/A	Proper	reheating procedures for	hot holding			
IN OUT		Management awareness; poli				_		N/O N/A		cooling time and temperat	tures			_
IN OUT		Proper use of reporting, restri Good Hygienic					OUT OUT	N/O N/A N/A		hot holding temperatures cold holding temperatures	3			_
IN OUT N/	0	Proper eating, tasting, drinkin	g or tobacco use					N/O N/A	Proper	date marking and disposit	tion			
IN OUT N	O	No discharge from eyes, nose	e and mouth			IN	OUT I	N/O N/A	Time as records	a public health control (p	rocedures /			
		Preventing Contamin								Consumer Advisor				_
IN OUT N/	0	Hands clean and properly was	shed			IN	OUT	N/A		ner advisory provided for i poked food	raw or			
IN OUT N	0	No bare hand contact with rea							undered	Highly Susceptible Popu	ılations			_
IN OUT		approved alternate method pr Adequate handwashing facilit					OUT I		Pasteur	ized foods used, prohibite	ed foods not			_
IN 001		accessible		_	_	IN (001 1	N/O N/A	offered			_		_
IN OUT		Approved S Food obtained from approved				IN	OUT	N/A	Food ac	Chemical dditives: approved and pro	operly used			_
IN OUT N	/O N/A	Food received at proper temp				1	OUT	Toxic substances properly identified, stored		ied, stored a	nd			
IN OUT		Food in good condition, safe a							used Cor	nformance with Approved	Procedures			_
IN OUT N	/O N/A	Required records available: s destruction	hellstock tags, parasite			IN	OUT	N/A		ance with approved Speci CCP plan	alized Proce	ss		
		Protection from Co	ontamination					Į.	and mA	CCI pian			I	-
IN OUT	N/A	Food separated and protected	d				letter to	the left of	f each iter	m indicates that item's sta	itus at the tin	ne of the		
IN OUT	N/A	Food-contact surfaces cleane				IN = in compliance OUT = not in compliance								
IN OUT N	O	Proper disposition of returned reconditioned, and unsafe for					N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item							
			G	OOD RE										
IN OUT		Good Retail Practices are prev		ontrol the			of path	ogens, che			oods.	cos	T 5	_
IN OUT	Paste	Safe Food and Wa urized eggs used where require		COS	R	IN	001	In-use u		Proper Use of Utensils roperly stored		COS	R	_
		and ice from approved source	-					Utensils,	, equipme	ent and linens: properly sto	ored, dried,			
		Food Temperature Co	ontrol					handled Single-u		-service articles: properly	stored, used			-
		uate equipment for temperature							used prop	erly	•			
		ved thawing methods used nometers provided and accurate	<u> </u>					Food an	Utensi	ils, Equipment and Vendir d-contact surfaces cleana	ng hle properly			_
	mem	iometers provided and accurate	•					designed	d, constru	icted, and used				
		Food Identificatio	n					Warewa strips us		ilities: installed, maintaine	d, used; test			
	Food	properly labeled; original contai						Nonfood	l-contact s	surfaces clean			1	_
	Insect	Prevention of Food Conta s, rodents, and animals not pre-						Hot and	cold wate	Physical Facilities er available; adequate pre	ssure			-
		mination prevented during food								d; proper backflow device				
	Perso	nal cleanliness: clean outer clot	hing, hair restraint,					Sewage	and wast	tewater properly disposed	I			_
	Wipin	nails and jewelry g cloths: properly used and stor	ed			1		Toilet fac	cilities: pr	operly constructed, suppli	ied, cleaned		+	-
		and vegetables washed before						Garbage	e/refuse p	roperly disposed; facilities	s maintained			_
Person in C	harac /T	itle:		<u> </u>	<u> </u>	<u> </u>		Physical		installed, maintained, and Date:	d clean			_
reison III C	iiaiye / I	"" Harw Boett	cher						[]	Dale.				
Inspector:	1A	yla Brady			Tel	lepho	ne No.	EPH:		Follow-up: Follow-up Date:	Yes		No	
MO 580-1814 (9-13			DISTRIBUTION: WHITE	E – OWNER	'S COPY			CANARY – FI		Onow-up Date.			E6.37	7

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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PAGE 2 of

ESTABLISHMEN [*]	TNAME	ADDRESS C				CITY /ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	ION	TEMP. ii	n ° F				
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	limination, prevention or re	RITY ITEMS Eduction to an acceptable thin 72 hours or as stat	e level, haza t ed.	rds associate	d with foodborne illness	Correct by (date)	Initial	
								KYD KYD KYD	
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, faciliti	RE ITEMS es or structures, equipm	ent design,	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (330Fs). These items are to be	corrected by the next i	egulai ilisp	ection or as	Stateu.		d LB	
								KLB	
								KLB	
								KLB	
								KLB	
		EDUCATION F	PROVIDED OR COM	MENTS					
Person in Ch	arge /Title: Have Boetto	her				Date:			
Inspector:	jayla Brady	DISTRIBUTION: WHITE - OWNE		one No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 3 of

ESTABLISHMEN ^T	STABLISHMENT NAME			CITY /ZIF	CITY/ZIP			
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	TION	TEMP. i	n ° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or re	PRITY ITEMS eduction to an acceptable level, haza thin 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
							KYD KYD KYD	
Code Reference	Core items relate to general sanitation	CO operational controls faciliti	PRE ITEMS	general maint	enance or sanitation	Correct by (date)	Initial	
11010101100	standard operating procedures (SSOP	s). These items are to be	corrected by the next regular insp	ection or as	stated.	(4410)		
							RSP	
							KLB	
							KLB	
		EDUCATION						
		EDUCATION F	PROVIDED OR COMMENTS					
Person in Ch	arge /Title:	tcher:			Date:			
Inspector: MO 580-1814 (9-13)	Jayla Blady	DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 4 of

ESTABLISHMEN [*]	TNAME	ADDRESS		CITY/ZII	CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION					
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	limination, prevention or re	ORITY ITEMS eduction to an acceptable level, haza ithin 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
							KLB	
							KLB	
							KLB	
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilit	DRE ITEMS ties or structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
	, , , , , , , , , , , , , , , , , , ,	,					RYB	
							KLB	
							KHB KHB	
							KLB	
		EDUCATION	PROVIDED OR COMMENTS				I	
Person in Ch	arge /Title: York Boetto	her			Date:			
Inspector:	jayar Brady	DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

PAGE	5	of	
PAGE	9	of	

ESTABLISHMENT NAME		ADDRESS CI			CITY/ZIP		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. ii	n ° F
Code		PRIORIT	/ ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduct /E IMMEDIATE ACTION within	ion to an acceptable level, haza 72 hours or as stated.	irds associate	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE I a, operational controls, facilities o Ps). These items are to be corr	r structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial
	, , ,	,	,				KLB
		FDUCATION PRO	VIDED OR COMMENTS				
		EDUCATION FRO	T.D.L.D. GIV GOINIVILIATO				
Person in Ch	narge /Title:	- l			Date:		
Inspector:	narge /Title: Farm Brood Naylor Brady	acher	Telephone No.	EPHS No.	Follow-up:	Yes	No
	Jayur Vrady				Follow-up Date:		-